



# The Journal

Vol. 28

No. 10

[www.dcmilitary.com/journal/](http://www.dcmilitary.com/journal/)

March 10, 2016

## Brain Injury Awareness Month: Events Draw Attention To Care, Protection of Head

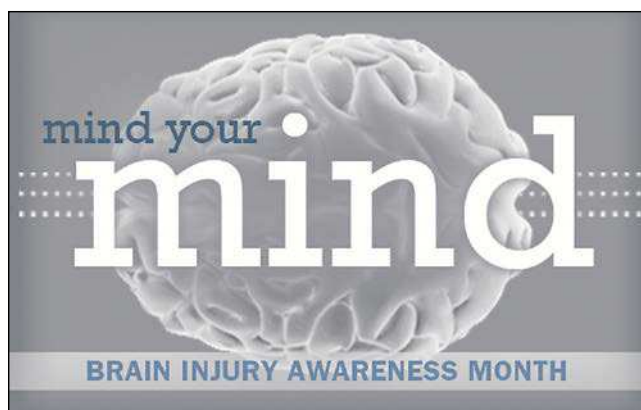
By **BERNARD S. LITTLE**  
WRNMMC Public Affairs staff writer

After sighting a model of a human brain while going through the America Building's main lobby at Walter Reed National Military Medical Center (WRNMMC) on March 1, Jack Sarchet had to stop and give it a thorough examination.

The curious 7-year-old was able to take the model of the brain apart, see its components and learn what they do. He was also able to learn about the importance of protecting the head from injury by wearing proper headgear at work and play, and using safety equipment, including seatbelts, car seats and airbags.

Sarchet received the insight about the brain during a resource fair, the first of three events planned by the National Intrepid Center of Excellence (NICoE) at WRNMMC for Brain Injury Awareness Month during March. The remaining events include a program, "The Down and Dirty on Headaches: Emphasis on Post Traumatic Headaches" (open to staff) March 10 in the NICoE Auditorium, and the program "Traumatic Brain Injury 101" (open to everyone) on March 31 at noon in the NICoE Auditorium.

During last week's resource fair, various



organizations that provide care and services to those affected by traumatic brain injury (TBI) and their families were on hand to share information with WRNMMC beneficiaries, staff members and visitors such as Sarchet and his parents, Jerry, and U.S. Public Health Service Cmdr. Jennifer Sarchet.

"Jack had a really exciting time at the Brain Injury Awareness Fair. The event sparked lots of questions and a great discussion on brain injury awareness, even at his young age," said the commander.

In addition to NICoE, other organizations that participated in the event were the Center for Neuroscience and Regenerative Medicine, Defense and Veterans Brain Injury Center (DVBIC), National Museum of Health and Medicine, and Naval Support Activity Bethesda's Fleet and Family Support Center.

The Defense Centers of Excellence for Psy-

chological Health and Traumatic Brain Injury defines a TBI as the result of a blow or jolt to the head that disrupts the normal function of the brain. Not all blows or jolts to the head result in a TBI. Injuries can be closed or penetrating head wounds and will range in severity from mild to moderate to severe. The most common form of TBI in the military is mild TBI, also referred to as concussion.

An estimated 1.7 million people sustain a TBI annually, of which 52,000 die, 275,000 are hospitalized and 1.365 million, or nearly 80 percent (of concussions), are treated and released from an emergency department, according to the Centers for Disease Control and Prevention (CDC).

Children aged 0 to 4 years, older adolescents aged 15 to 19 years, and adults aged 65 years and older are most likely to



PHOTO BY BERNARD S. LITTLE

**Jack Sarchet, 7, examines a model of a human brain during a Brain Injury Awareness Month Resource Fair March 1 in the America Building at Walter Reed National Military Medical Center (WRNMMC).**

See BRAIN page 12



# Commander's Column



Spring is just around the corner, and it's time to put away the ice melt and snow shovel and break out the flower pots, turn on the outside faucets and start engaging in more outdoor activities.

The first day of Spring this year is March 20. This is also known as the Vernal Equinox. What is the Vernal Equinox?

It simply means that the days and nights are equally as long, all over the world. Equinox is Latin for equal night. According to the Farmer's Almanac, the Vernal Equinox signals the beginning of nature's renewal in the Northern Hemisphere.

So, that's the theme of this week's column – renewal. Heard of spring cleaning? It's time for all of us to do a sort of mental and physical spring cleaning. Let's turn off the Netflix and get outside! Human beings need sunshine to be healthy. NSAB is a very walkable

campus; in fact, it is designed to be so. Why not start taking advantage of that today?

After March 20, the days will get longer, enabling us to be outside more. But, just like spring cleaning, we have to start somewhere. Don't just take your mountain bike out of the garage and hit the trails. Assess the condition of your equipment and yourself before heading out for any outdoor exercise activity. The last couple of months of colder temperatures and reduced activity may have taken a toll on both. If any repairs or work are needed, whether for that bike or your body, do what maintenance needs to be done. Your stamina may not be where it was last fall or summer. This may mean taking some 'test rides' before hitting the trail, or starting another type of physical activity to work yourself up to it.

The same goes for your vehicle, or any essential systems in your home such as your air conditioner. You might want to clean and prepare your barbecue grill.

Switching gears to mental fitness, this is a great time to evaluate yourself. Take a self-assessment of your current situation and goals. Are you where you want to be? If so, great! Now, how can you challenge yourself further to improve you, your family and your community? How are you doing on your New Year's resolutions? If you've lost track, now is the time to dust them off, make any necessary adjustments, and re-commit yourself to them.

Are you pursuing your education, or a qualification? Maybe you started it, but your progress has stalled. Now is the perfect time to pick it back up and keep working on it!

Challenge yourself. Read a self-improvement book. Dedicate yourself to your community or a volunteer effort. Be a mentor.

With spring comes tremendous opportunity – not just for the growth of the plants and trees that signify its beginning, but also for ourselves. I encourage you to take advantage of this new season, and make it a season of productive personal growth for yourself and your family. Know that when I say family, I am also including your family here at work. Yes, we are all a family. Let's look out for each other and continue to grow, improve and succeed together in 2016!

Capt. Marvin L. Jones  
Commanding Officer  
Naval Support Activity Bethesda

# Bethesda Notebook

### Change of Responsibility

A change of responsibility for Army Troop Command will be Friday, March 11 at 11 a.m. in Memorial Auditorium at Walter Reed National Military Medical Center. Command Sgt. Maj. Gary W. Williams will relinquish the command's senior enlisted leader responsibility to Command Sgt. Maj. Michelle L. Jones during the event. All are welcome to attend.

### Money Management Series

The Lunch & Learn Money Series, sponsored by Naval Support Activity Bethesda's Fleet and Family Support Center, is scheduled each Tuesday in March from 11 a.m. to noon in Building 11, Room 171. Upcoming classes concern "Consumer Awareness/ID Theft" (March 15), "TSP/Retirement Planning" (March 22) and "Investing" (March 29). To register, call 301-319-4087. For more information, contact Steve Harris at 301-400-2413, Brian Pampuro at 301-400-2414, or Lee Acker at 301-295-5081.

### TeamSTEPPS

A two-day train-the-trainer course for TeamSTEPPS will be held March 24-25 from 8 a.m. to 4:30 p.m., each day in the Heroes Zone, Building 5, fourth floor, Room 4027. TeamSTEPPS is focused on bettering patient outcomes by improving communication and teamwork skills. Discussion highlights team strategies and tools to enhance performance and patient safety. For registration and more information, contact Hospital Education and Training (HEAT) at [classregistration@health.mil](mailto:classregistration@health.mil), or call 301-319-5209.

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# WTB Social Workers Support Soldiers in Transition

By **ANDREW DAMSTEDT**  
NSAB Public Affairs  
staff writer

Whether a Soldier is assigned to the Warrior Transition Brigade-National Capital Region (WTB) because of an illness, injury or mental health issue, all of them are required to see a social worker when they first arrive and throughout their transition process.

That requirement lessens the stigma some might associate with social work, said Vanessa Merlo, one of the eight WTB licensed clinical social workers.

“So (service members) that come back from war will say, ‘No, no, I’m perfectly fine,’” she said. “And after seeing us for a while they start to open up, ‘Hey, maybe I’m not okay. I had one guy who was in an (improvised explosive device) blast that had his close friend killed. He said, ‘No, I’m perfectly fine. No, I can deal with it.’ I had to end up referring him to behavioral health after seeing him a couple times and it turns out he had (post-traumatic stress disorder). So he was able to get those resources.”

Soldiers used to going 100 mph who then come here for treatment have to deal with their life slowing way down and that makes avoiding behavioral health issues more difficult to ignore, she said. Social workers provide the Soldier’s team of doctors, nurses, and WTB cadre with a needed behavioral health expert, she said.

March is National Social Work Month and Cindy Harney, a WTB licensed clinical social worker said she appreciates the recognition for what can



PHOTO BY ANDREW DAMSTEDT

**Warrior Transition Brigade (WTB) social workers pose for a photograph with WTB command staff after March’s formation.**

often be an overlooked profession.

“Sometimes I feel like we’re the silent Army,” she said, referring not only to the WTB social workers but to all the social workers onboard Naval Support Activity Bethesda.

Debi Isenstein, a WTB licensed clinical social worker, said one of their primary roles is to build trusting relationships with the Soldiers.

“We’re huge advocates to try to get people what they need in a system that can often be very complicated,” Isenstein said. “We’re there just to be somebody supportive and nonjudgmental and be there for them and to walk this path of transition with them.”

Each Soldier has different needs and issues when they first arrive and those can change during their time assigned to the WTB. When a Soldier first comes to the WTB they are given a 55-question self-reporting instrument to fill out and that questionnaire, along with the social worker’s clinical assessment, determines how often to schedule sessions.

“Basically, a Soldier in the Warrior Transition Brigade – they’re here to heal, educate and transition,” said Amelia Goodyear, a WTB licensed clinical social worker who meets with the Soldiers when they first arrive. “So we connect them with all the resources, get a treatment plan set up

and then at the end of their time, they’re either transitioning back into the military into some kind of meaningful role or they’re transitioning into civilian life.”

Goodyear said as the behavioral health experts in the WTB, the social workers have a vital role in ensuring the Soldiers’ safety so they aren’t a risk to themselves or those around them.

“We want to make sure that any behavioral health or mental health needs are being identified and the Soldiers are getting appropriate care for those conditions as well as any other physical issues they may have,” Goodyear said.

That’s why the social workers will often provide formal and

informal education for a Soldier’s caregivers and the WTB cadre. As the behavioral health experts on those teams they often educate other team members as to why a Soldier may be acting a certain way.

“We help them manage what to expect and what to say because they don’t have a behavioral health background,” said Sandra Loader, WTB social worker supervisor. “It helps make them more comfortable and we teach them, ‘If you see this, you need to tell someone.’”

She said losing Soldiers to cancer, suicide or unexpected deaths takes a toll not only the family members, but also all those involved in that Soldier’s care. So she

tries to make sure the cadre, the social workers and the two social services assistants talk about the death and encourages them to take advantage of things offered here like the resiliency program.

“This job is hard and you’ve got to be able to take care of yourself first, otherwise you won’t be here to take care of the person who needs you,” Loader said.

Being available for the Soldier is one of the biggest things a social worker can do, Harney said.

“There’s a lot of unknown, so we’re helping to support them through that; help them through the ups and downs of being here while they work at getting better,” Harney said.



# United for Patient Safety: Every Day Is Patient Safety Day

## By WRNMMC PATIENT SAFETY Department

Patient Safety Awareness Week, observed March 13-19 this year, raises awareness about the importance of safe practices in health care while celebrating progress made in this area. The National Patient Safety Foundation sponsors the annual observance and this year's theme is "United for Patient Safety; Every Day is Patient Safety Day."

"One very important aspect of patient safety is an engaged and informed patient," stated Suzie Little, Patient Safety Department chief at Walter Reed National Military Medical Center (WRNMMC). She explained patients are "vital members of the health-care team. The importance of the relationship between the provider, the patient and their family cannot be overlooked. The goal is to keep patients free from harm."

WRNMMC recently earned the Department of Defense (DoD) Patient Safety Award in the category of "Enhancing the Culture of Patient Safety."

Understanding patient safety practices is the first step in navigating the health-care system, according to Little and Kathleen Oberst, patient safety specialist in the Quality Management Directorate at WRNMMC. They added the following tips provide a good foundation for a well-informed patient.

- Establish good communication with your provider. "Ask lots of ques-

tions and be sure you have a good understanding of your medical condition," they explained. "Consider asking a friend or family member to accompany you to your appointments to help you understand and remember important information."

- Understand your discharge instructions when you leave the hospital or clinic. "Know when and how to follow up after you leave the hospital," Oberst said. "Obtain contact information for your provider in case you have any questions."

- Carry a complete and current list of your medications. "In addition to current prescriptions, the list should include all over-the-counter medications and supplements," she continued.

- Ask the provider to explain the results of all medical tests, including X-rays and blood tests. "If your provider does offer this information, ask for the results and an explanation. Never assume 'no news is good news,'" Oberst said

- Insist on good hand hygiene. "Observe your provider washing his hands prior to touching you," she stated.

Little explained, "WRNMMC is taking great strides to incorporate and advance safe patient care," [including] "standardizing and simplifying policies and procedures; using checklists as memory aides during procedures

and hand-offs; creating redundancies when ordering medication, and using forcing functions to prevent inadvertent slips." These measures follow recommendations from the National Patient Safety Foundation, she added.

"Patient Safety Reporting is a vigorous system that describes real-time events and provides opportunities to make immediate corrective actions," Little continued. "Leadership is heavily involved in this area and in monitoring innovative improvements."

Regarding patients, Little said they "are educated in the important areas of patient safety" with emphasis on repetition. "Asking the patient's name and date of birth prior to each encounter and procedure is expected. Current medications and allergies are reviewed at every encounter. Post appointment surveys are vital in providing important feedback to providers and ancillary staff for improvements. Inpatients and families are always oriented to their unit and educated extensively about fall risks and how to call for help if they feel unsafe. Discharge instructions are based on the patient's individualized needs and understanding. Patient rights and responsibilities posters are prominently displayed throughout the organization," she explained.

Little added the DoD Patient Safe-

ty Award WRNMMC recently earned was for standardizing and streamlining the communication process between radiologists, patients and providers to reduce missed abnormal radiology results. "The project objectives were timely notification to patients [of results], improved quality of care through collaborative efforts of providers, improved efficiency and internal processes, and alignment with patient-centered care."

"Prior to January 2015, there was no formal process for notifying patients of abnormal radiology results," Little stated. "The reason for the project was to provide not only the results to our providers, but to notify our patients directly. This offers an opportunity to reach out to our patient population to partner with us in their care."

She added the team that worked the initiative developed the process of sending a notification letter to each patient. "So, our project team developed a process to identify and code abnormal radiology results that a radiologist recommended a follow-up study. Then the [Information Technology] Department Web Development Service developed a process to retrieve the results and auto-populate a notification letter. The process is all electronic and is a low-cost improvement."

For more information about Patient Safety Week, visit the website <http://health.mil/dodpatientsafety>.

**PATIENT SAFETY AWARENESS WEEK**  
March 13-19, 2016

Every Day is Patient Safety Day

## Safe Harbor Workshop Offers Career Advice

By **ANDREW DAMSTEDT**  
NSAB Public Affairs staff writer

Finding a job after transitioning from military to civilian life is one difficulty service members confront when they first get out, and finding another job after being wounded, ill or injured can be daunting. To help those Sailors make that transition, Navy Wounded Warrior Safe Harbor has started hosting "Real World Workshops" to prepare them to enter the next phase in their careers.

"Transitioning – it's scary," said Dorothy Butts-Valentine, a clinical mental health counselor. "You're transitioning from the known to the unknown. In your military career,

you know what to expect. I ask each and every one of you to be patient with yourselves. You probably won't find the perfect job on your first try."

Butts-Valentine made the transition to the civilian workforce in 2009 after a 21-year career in the Marines and said the civilian workforce has a more competitive feel than the military.

"You're going to be expected to compete for your role," she said.

Gary Simpson, Navy Wounded Warrior Safe Harbor transition care coordinator, said the workshop was designed to show Sailors how to be an effective job seeker and then an effective employee once they are hired.

He lined up the 16 people who attended the Feb. 27 workshop on the sidewalk outside the USO Warrior and Family Center at Bethesda so they could practice a "30-second commercial" about themselves. Simpson said it's good to have a 30-second commercial prepared, so when there's a potential job opportunity there's already something ready to tell the employer.

"You can have a Ph.D., but if you can't talk to anyone, you won't have a job," Simpson said.

Master-at-Arms 1st Class Robert Duker Jr. practiced his pitch to Yeoman 1st Class Teresa Brim. Afterward, Brim said he did a good job telling her about himself, but he needed

to get his resume out sooner to make sure he left his contact information with them.

Duker said he doesn't know whether he'll be getting out of the Navy, but he came to the workshop so he could be prepared if he does. And if he stays in – which he would like to – he said the workshop gave him good advice and resources so he could help junior Sailors who might be transitioning to civilian life.

"You never know how you might be able to influence your junior Sailors who might be going through a transitioning process," Duker said.



PHOTO BY ANDREW DAMSTEDT

**Master-at-Arms 1st Class Robert Duker Jr. practices his job pitch to Yeoman 1st Class Teresa Brim at a workshop hosted by Navy Wounded Warrior Safe Harbor, Feb. 27.**

to start looking for internships and jobs now while they are here getting medical treatment.

Brim shared how she landed an internship with Safe Harbor's assistance at the U.S. Capitol cyber security department. She said that job has helped keep her from dwell-

ing on her illness.

"You don't have to sit in your room and just think about what you're going through," she said. "I work four days a week, four hours a day. I'm off every Tuesday because I have doctor's appointments and I have therapy, but it gets you out of the room for four hours."



COURTESY GRAPHIC

## Savor the Flavor by Eating Mindfully

By **2ND LT. MICHAEL STABLEIN**  
WRNMMC Dietetic Intern

March is when many people have usually given up on their New Year's health resolutions and are falling back into their unhealthy habits. March is also National Nutrition Month (NNM), and this year's theme is Savor the Flavor of Eating Right.

Now is a great opportunity to spring back into action on your resolutions by including healthy habits, such as eating mindfully, which can impact overall health.

The notion of mindful eating has different meanings depending on one's history with food.

For some people, this involves a process of becoming familiar with their inner senses of food. Examples of this include taking time to smell the food prior to eating it, feeling its texture in your hands and then again in your mouth, and chewing it thoroughly before swallowing.

For other people, mindful eating involves addressing why they are eating something; is it because they are hungry, bored, upset, or for other reasons?

There are techniques available on the Internet or published in books claiming to be the "one and only right way" to mindfully eat, but there is no "one right way." Many of these techniques are a great starting point for some people, but essentially, a person needs to determine what works best for him or her, and what habits he or she will need to develop in order to succeed in the long run.

Focusing on this year's NNM theme, Savor the Flavor of Eating Right, can provide a springboard for developing some of these healthy habits.

Savor suggests thoughts such as enjoying, appreciating, or not tak-

ing something for granted. This idea sheds light on what's at the heart of mindful eating — slowing down and appreciating meals and snacks. Setting aside time for meals away from distractions such as cell phones, computers, and television is essential to avoid overeating and helps one enjoy not only the foods, but also the entire dining experience.

Focusing on what is being eaten prevents unwelcomed bingeing and allows for more opportunities to notice the second portion of the NNM theme, Flavor.

A good deal of the attention of mindful eating focuses on eating for nourishment or supplying the body's needs rather than for enjoyment, but the conscious appreciation of different flavors ensures the best of both worlds. Taking time between bites and not shoveling food into the mouth helps highlight new flavors that may have escaped notice previously.

This new lease on taste will also provide the opportunity to enjoy Eating Right, the final portion of this year's NNM theme.

Enjoying food and becoming more mindful while eating raises awareness of the food choices that are made. Avoiding a second helping of a meal because mindful eating allows the stomach enough time to signal the brain that it is full reinforces this theory.

This thought-provoking process of mindful eating will lend itself to healthier food choices and Savoring the Flavor of Eating Right.

For more information about mindful eating, call the Outpatient Nutrition Clinic at 301-295-4065 to schedule an appointment with a registered dietitian at WRNMMC.

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# NSAB Holds Education and Employment Fair

By MC2 HANK GETTYS  
NSAB Public Affairs staff writer

More than 150 prospective students and employees attended the Education and Employment Fair hosted by Naval Support Activity Bethesda's (NSAB) Fleet and Family Support Center (FFSC) in the Fitness Center gym March 3.

The fair featured more than 50 employers, educators and organizations for service members and their families, civilians and contractors to meet and seek opportunities with.

"The fair went well," said Dedra Anderson, FFSC's Family Employment Readiness Program (FERP) coordinator. "Participants seemed excited about the employers and schools we were able to bring.

"They were also much energized about veteran services organizations that were well represented."

According to Anderson, the representatives at the fair were very helpful to attendees.

"I think the employers and the schools did a good job representing their organizations with job information," said Anderson. "They provided handouts and other information for job fair attendees and answered any questions they had.

Fair patrons were engaged and made use of the opportunities offered there, said Anderson.

"For the most part, it was nice to see service members and spouses walk in with their business attire, portfolios and resumes, ready to find prospec-



PHOTO BY MC2 HANK GETTYS

**The fair featured more than 50 employers, educators and organizations for service members and their families, civilians and contractors to meet and seek opportunities with.**

tive job opportunities," said Anderson. "The fair provided many of our clients with an opportunity to put into practice the job skills and tools they picked up in our transition workshops and the many employment classes provided at the FFSC."

Going forward, with the success of this event, the FFSC plans to hold more fairs in the future and has many opportunities between them.

"This will be an annual event as it takes a great deal of planning and coordination," said Anderson. "We will continue to host monthly employer networking events, which involve seven or eight employers who are seeking transitioning service members, spouses, and veterans for job opportunities. The next event will take place in April."

The FERP team at FFSC is always available to help with employment opportunities and many other services.



PHOTO BY MC2 HANK GETTYS

**More than 150 prospective students and employees attended the Education and Employment Fair hosted by Naval Support Activity Bethesda's Fleet and Family Support Center in the Fitness Center gym March 3.**

"We have a goldmine in terms of the services offered at the FFSC here on NSAB," said Anderson. "We hope with command support they will encourage their service members and their family members to attend events and services offered at the FFSC."

"We really want to get the word out about where to find us and that we offer many resources here," said Ezhan Bush, a transition and employment consultant at FFSC. "We offer new parent support, life skills, financial planning

and we have clinicians here. We have a school liaison officer, deployment/relocation services and the Exceptional Family Member Program.

"We have a lot here in this one center and I don't think a lot of people know about all the resources that are available."

The FFSC is open to all service members and their families on NSAB, regardless of branch. For more information, visit their offices in Bldg. 11 or call 319-4087.

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# Daylight Saving Time: Shine a Light and Get the Sleep You Need

By **SHARON RENEE TAYLOR**  
WRNMMC Public Affairs Staff Writer

On Sunday, March 13, we will lose an hour as we switch to Daylight Saving Time (DST). While serving as minister to France, Benjamin Franklin is credited with the concept of DST, to make the most of the amount of time available during daylight as well as to save energy, according to the Congressional Research Service, Library of Congress.

Some Americans believe they'll lose more than just an hour to DST—some think they will lose precious sleep time, too.

Army Maj. (Dr.) Scott G. Williams, chief of the sleep disorder clinic at WRNMMC, addresses the effects of losing sleep as time moves forward. He said most won't notice the time change, but there are some who are very sensitive to disruptions in their sleep-wake cycle, like those who struggle with jet lag.

"What we recommend is certainly getting enough sleep—most people regardless of when they sleep don't get enough of it, and seven to eight hours is what most adults need to function properly. In the military, it's sometimes difficult to do. If you get enough sleep, it's not going to be a big deal when daylight saving time begins," the sleep expert said.

For some people, the change due to DST isn't limited to a single night, Williams said. Some people can experience the ill-effects of daylight saving changes for longer periods of time. Moving the clock an hour

later can make it harder for some to fall asleep because they are then going to bed an hour earlier than their body is used to.

If there are difficulties in getting to sleep at the right time or waking up at the right time, light exposure can be a critical factor, according to the sleep expert. Exposing yourself to bright light at the right time can actually change your circadian rhythm, which is the clock inside the brain that tells whether we should be awake or sleep at any given time.

So what type of light exposure will do? Is it better to have a light machine and control the amount of light in your bedroom, or to stand out in the sun?

"We can use the combination of melatonin and light treatment, given at specific times, in order to regulate their circadian rhythm a bit better," Williams said.

He explained the combination of the hormone melatonin and light treatment can be used for people with more significant and long-lasting sleep disorders, like phase-delay, when the individual prefers to go to bed too late and sleep in too late, or just the opposite—a phase-advance, when the person wants to go to bed too early and wake up too early.

"What that would mean practically is you have someone whose natural sleep schedule might be midnight to 8 a.m., but because they're in the military, they need to go to bed at 9 p.m. and wake up at 5 a.m. So what we would

need to do then is expose them to bright light in the morning, and then maybe give them a little melatonin in the evening to help them fall asleep earlier," the sleep disorder physician explained.

Not just any white light will do—the intensity of the light as well as the wavelength of the light is important. Williams recommends a light box that is 10,000 lux, the international standard measurement of illuminance.

"To put that in perspective, your average office might be 500-1500 lux, some as low as 150 lux, but a bright sunny day would be 10 times that brightness, so that's 10,000 lux, and that's the type of light intensity that we would prescribe. It's not just flipping on a couple of lights in your house; It's a fairly intense amount of light," he said. "And blue light actually tends to shift people's circadian rhythm better than other wavelengths. If you have a 10,000 lux bluish wavelength light that you look at for about half an hour in the morning that will, for some people, move their circadian rhythm."

Many bright light devices are available for purchase. The sleep doctor recommends a fairly small light, half the size of a desk phone, which is battery-powered so you don't have to worry if the power goes out, or being tethered to a cord, sitting in front of a light for a half hour; you can walk around with it as you're getting ready in the morning.

"You can bring it to work with you and then recharge it later," Williams explained. "Some of these devices even



COURTESY GRAPHIC

have an alarm feature where the light turns on, either as an addition to or instead of, the audible alarm."

So what if time changes for a person who is already tired, someone who's not getting their seven to eight hours? Is there anything they can do to return their circadian rhythm where it should be?

"If the goal is to get to sleep seven or eight

hours a night, then you really just have to backwards plan: you have to figure out 'what time do I have to be up for work?' and then you backwards plan from that. You figure out 'what time should I be going to sleep?' and if you can do that, you shouldn't have any trouble at all. But if life gets in the way or you're having a hard time falling asleep at different times, then

that can contribute to not getting enough sleep," the Army major said.

For more information about sleep disorders, contact the American Academy of Sleep Medicine (AASM) accredited Sleep Disorder Clinic at WRNMMC, at 301-295-4547. The five-year accreditation signifies the additional level of quality provided for patients at WRNMMC.

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# Room Service Menu Available for Religious Diets

By **SHARON RENEE TAYLOR**  
WRNMMC PAO Staff  
Writer

Halal, kosher, vegetarian and vegan meals are just a phone call away for inpatients at Walter Reed National Military Medical Center (WRNMMC).

Individuals recovering at the military treatment facility (MTF) can order from special room service menus to maintain their religious diet, including Halal (Muslim), kosher (Jewish), vegan or vegetarian (Hindus, Buddhist, and some Christian faiths). Army Chaplain (Maj.) Andrew Shriver explained how important a unique diet is to some religious faiths.

“It can be very important, critical in fact, for someone in their healing process to have, to follow guidelines that they’ve been following all their lives, in their faith traditions,” Shriver said. “It could [also] be a way to connect to something that is familiar, which helps in the healing process.”

Earlier this year, a patient

asked the chaplain about food available at WRNMMC that met religious guidelines, and Shriver sprang into action. After leafing through more than a dozen menus available on the ward, the chaplain contacted registered dietician Army 1st Lt. Paul R. Rosbrook, officer-in-charge of Patient Room Service.

Rosbrook indicated food was available to meet most dietary restrictions but the options weren’t identified on the room service menus. In addition, he met with Army Chaplain (Capt.) Heather Borshof, who serves as a rabbi at WRNMMC.

“Kosher deals with Jewish laws which pertain to what foods are permitted or forbidden to eat and how those foods must be prepared and eaten,” she said. According to the rabbi, it’s not just the food itself which must be kosher, but the way it is handled and prepared. One way to ensure food is kosher is if it contains a symbol on the product that it has been “kosher-certified.”

“It doesn’t matter if it’s one



PHOTO BY SHARON RENEE TAYLOR

**Walter Reed National Military Medical Center (WRNMMC) offers specialty meals at the request of beneficiaries in order to meet their religious and dietary requirements.**

patient or a thousand, just as long as it’s changing the patient experience,” Rosbrook said.

A week later, the lieutenant presented a list of more than 50 choices as selections for Hindu, Buddhist, kosher, Islamic and some Christian diets, as well as vegan and vegetarian options. The menu

detailed the different dishes, along with beverages, condiments and toppings with verified kosher items identified in red.

“Many pre-packaged foods like milk, soups, some meats [and other food items] are certified by the manufacturer and can be provided to the patient with little-to-no modi-

fication,” Rosbrook explained.

“Some of the entrees are certified, like vegetable pizza, pastas cooked in fresh water, and fish cooked in marked kosher pans,” he said. “Those who practice religions strongly associated with vegetarianism, such as Hinduism,

See DIETS page 12

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# President Obama Presents Medal of Honor to Navy SEAL for Rescuing Taliban Hostage

By APRIL GRANT,  
Navy Office of  
Information

On Feb. 29, Senior Chief Special Warfare Operator (SEAL) Edward C. Byers Jr. became the sixth Navy SEAL in U.S. history to receive the Medal of Honor.

President Barack Obama presented Byers with the medal during a White House ceremony for his heroic gallantry as an assault team member attached to a Joint Task Force in support of Operation Enduring Freedom Dec. 8, 2012.

During the ceremony, Obama praised Byers' dedication to duty.

"Like so many of our special operators, Ed is defined by a deep sense of humility. He doesn't seek the spotlight. In fact, he shuns it. He's the consummate quiet professional," said Obama.

The president welcomed members of Byers' family, including wife Madison, daughter Hannah, and mother Peggy. The crowd laughed as Obama recounted Peggy's question upon hearing the news of her son's award, "Do you think I can come?"

Obama called Byers "a special breed of warrior," part of a select few who serve the American people in the shadows with honor and sacrifice.

"Our special operations forces are a strategic national asset. They teach us that humans are more important than hardware," said Obama. "Today is a reminder that our nation has to keep investing in this irreplaceable asset; deploying our special operators wisely, preserving force and family, making sure these incredible Americans stay strong in body, mind and spirit."

The American people may not always see them. We may not always hear of their success. But they're there-in the thick of the fight, in the dark of the night, achieving the mission. And we thank God they're there," added Obama.

Byers spoke at a press conference following the ceremony.

"The important thing I want to say here is that everything we do is as a team; if it wasn't for that team I wouldn't be standing here today. Specifically for me, my team-

mate, friend and brother Nick Checque," he said, referring to fallen team member Petty Officer 1st Class Nicolas Checque. "The award is truly his. He was an American hero and he was the hero of that operation."

Today has been a very memorable day in my life surrounded by friends and family and it is truly something I'll never forget. We're gonna celebrate Nick's life and celebrate the lives of the brothers that have fallen protecting our freedoms so that we can sleep peacefully in our beds at night," added Byers.

In December 2012, Byers, along with other members of his team, was tasked with a mission to rescue Dr. Dilip Joseph, an American citizen being detained by the Taliban in a

mountainous region in the Qarghah'i District of Laghman Province. Byers was the second assaulter on the approach toward the building identified as containing the hostage.

While Byers tried to rip down blankets that served as the door to the building, the first assaulter pushed his way through the doorway and was immediately shot by enemy AK-47 fire. Byers, fully aware of the hostile threat inside the room, boldly entered and immediately engaged a guard pointing an AK-47 towards him. As he was engaging that guard, another adult male darted towards the corner of the room. Byers could not distinguish if the person may have been the

See MEDAL page 10

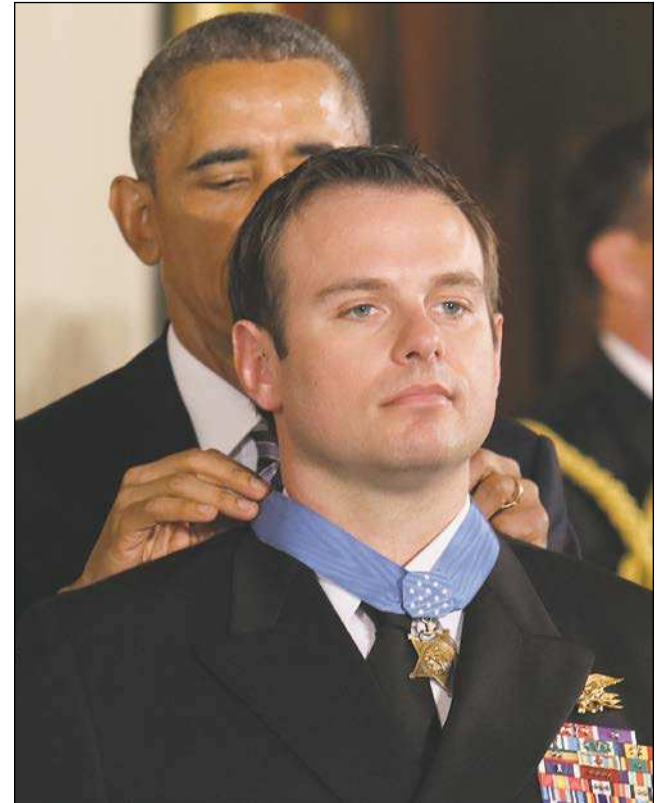


PHOTO BY OSCAR SOSA

**President Barack Obama presents the Medal of Honor to Senior Chief Special Warfare Operator (SEAL) Edward C. Byers Jr. during a ceremony Monday, Feb. 29, 2016 at the White House.**

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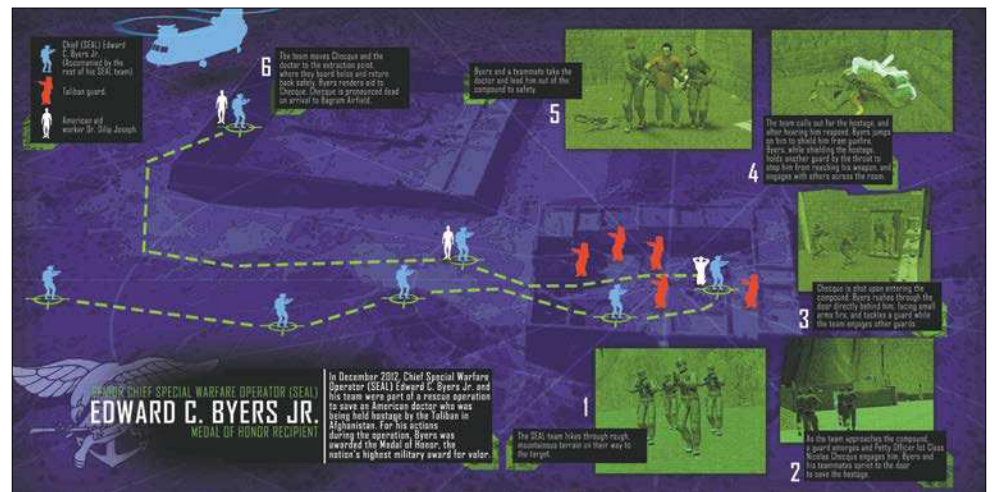

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## MEDAL

Continued from pg. 9

hostage scrambling away or a guard attempting to arm himself with an AK-47 that lay in the corner, so he tackled the unknown male and seized control of him. While in hand-to-hand combat, Byers maintained control of the unknown male with one hand, while adjusting the focus of his night vision goggles (NVGs) with his other. Once his NVGs were focused, he recognized that the male was not the hostage and engaged the struggling armed guard.

By now, other team members had entered the room and were calling to Joseph to identify himself. Byers heard an unknown voice speak English from his right side. He immediately leaped across the room and selflessly flung his body on top of the American hostage, shielding him from the continued rounds being fired across the room. Almost simultaneously, Byers identified an additional enemy fighter directly behind Joseph. While covering the hostage with his body, Byers was able to pin the enemy combatant to the wall with his hand around the enemy's throat. Unable to fire any effective rounds into the enemy, Byers was able to restrain the combatant enough to enable his teammate to fire precision shots, eliminating the final threat within the room.

Byers quickly talked to Joseph and, after confirming that he was able to move, extracted him to the helicopter-landing zone. Byers, a certified paramedic and 18D medic, subsequently assisted with the rendering of medical aid to the first assaulter. Byers and others performed CPR during the flight to Bagram Airfield where his teammate was declared deceased.

In a U.S. Navy video, Byers recalled the moment the president called to say he would receive the Medal of Honor. "I felt very honored and very humbled because now I'm gonna be a representative for the Navy and the Navy Special Warfare community and there's a weight that that carries with it," he said. "And that weight is the sacrifice that everybody has made within this community...it's an affirmation of the

job that we do and an appreciation for the job that we do."

The Medal of Honor is the nation's highest award given to members of the Armed Forces for gallantry in action. Byers is the first living active duty member of the U.S. Navy to receive the Medal of Honor since Apr. 6, 1976. He is the first living active duty enlisted member of the U.S. Navy to receive the Medal of Honor since Petty Officer Michael Thornton (also a SEAL) was awarded the Medal of Honor by President Richard Nixon Oct., 15 1973.

A husband and father to one daughter, Byers was born in Toledo, Ohio, and began his naval career in 1998 as a hospital corpsman. The following year, he was assigned to Great Lakes Naval Hospital and later served with 2nd Battalion, 2nd Marines, in Camp Lejeune, North Carolina. While on deployment with the 26th Marine Expeditionary Unit aboard USS Austin (LPD 4), Byers earned the Enlisted Surface Warfare Specialist (ESWS) badge and Fleet Marine Force (FMF) warfare device.

After graduation, he attended the Special Operations Combat Medic (SOCM) course and was subsequently assigned to East Coast SEAL Teams. He has deployed overseas 11 times with nine combat tours. Byers was promoted to the rank of senior chief petty officer in January 2016.

In addition to the Medal of Honor, Byers personal decorations include the Bronze Star with Valor (five awards), the Purple Heart (two awards), the Joint Service Commendation Medal with Valor, the Navy Commendation Medal (three awards, one with Valor), the Combat Action ribbon (two awards) and the Good Conduct Medal (five awards).

Byers will also be recognized for his accomplishments during a "Hall of Heroes" ceremony at the Pentagon March 1, 1:30 p.m. EST. This ceremony will be available for viewing online at [www.navy.mil/ah\\_online/moh/byers-hoh.html](http://www.navy.mil/ah_online/moh/byers-hoh.html).

Additional information on Byers and previous Navy Medal of Honor awardees can be found at [www.navy.mil/moh](http://www.navy.mil/moh).

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## BRAIN

Continued from pg. 1

sustain a TBI, according to CDC officials. They add that almost half a million (473,947) emergency department visits for TBI are made annually by children aged 0 to 14 years. Adults aged 75 years and older have the highest rates of TBI-related hospitalization and death.

The DVBIC, established by Congress in 1992 in response to the need to treat service members with TBIs, reports the majority of TBIs that service members and veterans sustained between 2000 and 2013 did not happen in combat. Falls and motor vehicle/transportation crashes, both preventable, are the two leading causes of TBIs according to DVBIC officials, who added more than 300,000 service members had been diagnosed with TBI from 2000 to 2014.

Common symptoms of mild TBI include: headache, dizziness, sleep disturbances, vision changes, balance changes, fatigue, attention and memory problems, irritability and mood changes.

Although most people who have a concussion recover quickly with symptoms disappearing within a few hours to a few weeks, the DVBIC adds the sooner a person who suffers a head injury gets examined, the sooner he or she may be able to return to their normal routine. "Toughing it out" can prolong recovery or lead to long-term problems.

CDC officials add that keys to

recovery from concussion include: rest, taking it slow and talking to your medical provider about concerns.

Ways to help reduce the risk of concussion or other brain injury include using age- and size-appropriate car and booster seat that are properly installed. This is because motor vehicles or other transportation crashes account for approximately 17 percent of TBIs — the second-leading cause of TBIs. Also in vehicles, every occupant should properly use a seat belt, and the safest place for children under 13 is in the back seat.

Falls are the leading cause of TBIs, accounting for about 21 percent of the injuries, according to the CDC. To help prevent falls, the CDC recommends removing tripping hazards from rooms and stairs; using handrails; using non-slip mats in bathtubs and showers; using double-sided tape on throw rugs; improving lighting at home and work; wearing shoes with non-slippery soles; and using step stools and ladders properly.

Make sure you and your child wear the right helmet for different activities, such as riding a bicycle, motorcycle, skateboard, or hoverboard, to help prevent TBI, according to the CDC. Parents and caregivers are also encouraged to only allow their children to use playgrounds with soft material under them like mulch or sand, not grass or dirt, to help prevent head injuries. Using stair gates at the top and bottom of stairs can also be helpful to prevent serious falls and TBIs in infants and toddlers.

## DIETS

Continued from pg. 8

Buddhism, and [Islam], can request the vegan or vegetarian menus."

Diet in Islamic traditions is a form of worship, explained Mohammed Khan, a chaplain for the Islamic religion at WRNMMC. The imam explained the word 'Halal' means pure.

"We have to be very careful about checking ingredients to make sure what we're eating is pure. So this is a mandatory aspect of our worship and our tradition. It's for all Muslims to make sure that what they're eating, that goes into their stomach, is pure," said Khan, who made note impure products includes chemicals and meat like pork.

For patients who prefer full certified kosher or Halal meals prepared from 100 percent certified kitchens, there is an assortment of meals available through WRNMMC room service.

"Our menus are offered to be compliant with the general rules and combinations allowed by the religion while offering as many certified foods as [possible]," Rosbrook explained.

The room service chief added, if a patient has a religious preference and a co-morbidity (illness or injury) that further limits or requires alteration of food choices—such as consistency, texture or sodium content—a consult should be placed for a visit from a registered dietitian (RD).

"The RD will work with [me and my] staff to custom tailor a nourishing menu while doing our best to adhere to religious accommodations," he added.

Nitin Shinde, a lab supervisor at Walter Reed Bethesda, provided information about the Hindu diet which includes several rituals associated with food. Not all Hindus avoid eating meat but many do, shunning the way it is obtained: never without injury to living creatures.

"[Café 8901 has] done a superb job of taking care of not just patients but even family members and staff, doing their best to accommodate as best they can. It helps bring people together in a community—it enhances teamwork," Shriver said. "Overall, it's just a wonderful way to connect with other people."

The special menus are readily available for inpatients and staff for special request by dialing 3-2-8 (E-A-T) from any hospital phone.